| AUG 0 4 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                             | this form, together w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | or <u>Fax</u>                                                                                                                                                                                                                                                                                                 | P.O. Box 1450<br>Alexandria, Virg<br>(571)-273-2885                                                                                                                                                                                                                                           | r Patents<br>inia 22313-1450                                                                                                                              | <                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| INSTRUCTIONS: ZWs for                                                                                                                                                                                                                                                                                                                                                                                                                                                    | m should be used for trans<br>respondence including the I<br>selow or directed otherwise<br>s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mitting the ISSUE FEE<br>Patent, advance orders an<br>in Block 1, by (a) specif                                                      | and PUBLI<br>d notification<br>lying a new of                                                                                                                                                                                                                                                                 | CATION FEE (if requ<br>n of maintenance fees<br>correspondence address                                                                                                                                                                                                                        | ired). Blocks I through 5 s<br>will be mailed to the current<br>; and/or (b) indicating a sep                                                             | should be completed where<br>t correspondence address as<br>arate "FEE ADDRESS" for                                                       |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 06/06/2006                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                               | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                           |                                                                                                                                           |
| Patrick G. Burns,<br>GREER, BURNS &<br>Suite 2500                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | I hereby certify that the                                                                                                                                                                                                                                                                                     | rtificate of Mailing or Trans<br>nis Fee(s) Transmittal is bein<br>with sufficient postage for fir<br>I Stop ISSUE FEE address<br>TO (571) 273-2885, on the o                                                                                                                                 | smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.                                         |                                                                                                                                           |
| 300 South Wacker Dr. Chicago, IL 60606 08/07/2006 WARDELR3 00000064 10002861                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                               | Patrick G. Burns                                                                                                                                                                                                                                                                              |                                                                                                                                                           | (Depositor's name)                                                                                                                        |
| 4/88 88 8B                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                               | TXB/                                                                                                                                                                                                                                                                                          | 14                                                                                                                                                        | (Signature)                                                                                                                               |
| 01 FC:1501 1400.00 DP<br>02 FC:1504 300.00 DP                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | / Mug G                                                                                                                                                   |                                                                                                                                           |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST NAMED INVE                                                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | ATTORNEY DOCKET NO.                                                                                                                                       | CONFIRMATION NO.                                                                                                                          |
| 10/002,861 11/15/2001 Takao Sugawara 1990.65985 4780  TITLE OF INVENTION: INFORMATION RECORDING AND REPRODUCING APPARATUS, SIGNAL DECODING CIRCUIT, AND INFORMATION RECORDING MEDIUM AND METHOD                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                           |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ISSUE FEE                                                                                                                            | P                                                                                                                                                                                                                                                                                                             | UBLICATION FEE                                                                                                                                                                                                                                                                                | TOTAL FEE(S) DUE                                                                                                                                          | DATE DUE                                                                                                                                  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1400                                                                                                                               |                                                                                                                                                                                                                                                                                                               | \$300                                                                                                                                                                                                                                                                                         | \$1700                                                                                                                                                    | 09/06/2006                                                                                                                                |
| EXAMINER AR                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ART UNIT                                                                                                                             | NIT CLASS-SUBCLASS                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                           |
| RODRIGUEZ, GLENDA P                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2627                                                                                                                                 | 627 360-048000                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                           |
| 1. Change of correspondence<br>CFR 1.363).  Change of correspond<br>Address form PTO/SB/12  "Fee Address" indicat<br>PTO/SB/47; Rev 03-02 c<br>Number is required.                                                                                                                                                                                                                                                                                                       | Correspondence (1) the correspondence (2) the tion form register of a Customer (2) respondence (3) the correspondence (4) the corresponde | he names of<br>gents OR, alte<br>he name of a<br>stered attorner<br>gistered paten                                                   | rinting on the patent front page, list names of up to 3 registered patent attorneys is OR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to ered patent attorneys or agents. If no name is o name will be printed.  IGreer, Burns & Crain,  Ltd.  2  3 |                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                           |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  FUJITSU LIMITED  Kawasaki, Japan |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                           |
| Please check the appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                             | assignee category or categor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ies (will not be printed on                                                                                                          | the patent):                                                                                                                                                                                                                                                                                                  | ☐ Individual ☑ C                                                                                                                                                                                                                                                                              | orporation or other private gr                                                                                                                            | oup entity Government                                                                                                                     |
| 4a. The following fee(s) are In Issue Fee In Issue Fee In Indication Fee (No signature) Advance Order - # of                                                                                                                                                                                                                                                                                                                                                             | <ul> <li>X A c</li> <li>d) □ Pay</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ment by cred                                                                                                                         | mount of the fee(s) is er<br>lit card. Form PTO-203:<br>ereby authorized by cha<br>Number <u>07-206</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               | edit any overpayment, to<br>ra copy of this form).                                                                                                        |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MALL ENTITY status. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 37 CFR 1.27. 🔲 b. А                                                                                                                  |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | LL ENTITY status. See 37 C                                                                                                                                |                                                                                                                                           |
| The Director of the USPTO NOTE: The Issue Fee and Pointerest as shown by the reco                                                                                                                                                                                                                                                                                                                                                                                        | is requested to apply the Issuablication Fee (if required) wards of the United States Pate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e Fee and Publication Fee rill not be accepted from a nt and Trademark Office.                                                       | (if any) or to<br>nyone other t                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               | •                                                                                                                                                         | ation identified above. he assignee or other party in                                                                                     |
| . Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Patrick G. Burr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s                                                                                                                                    |                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                                                          | 149 0 6<br>No. 29,367                                                                                                                                     |                                                                                                                                           |
| This collection of informatio<br>an application. Confidentiali<br>submitting the completed ap<br>this form and/or suggestions<br>Box 1450, Alexandria, Virgi<br>Alexandria, Virginia 22313-                                                                                                                                                                                                                                                                              | n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPTG for reducing this burden, sh nia 22313-1450. DO NOT \$1450.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. The information is req<br>122 and 37 CFR 1.14. Th<br>D. Time will vary depend<br>ould be sent to the Chief<br>SEND FEES OR COMPL | uired to obtain is collection ing upon the Information (ETED FORM                                                                                                                                                                                                                                             | n or retain a benefit by<br>is estimated to take 12<br>individual case. Any co<br>Officer, U.S. Patent and<br>IS TO THIS ADDRES                                                                                                                                                               | the public which is to file (an<br>minutes to complete, includin<br>omments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, |

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## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Amblicant: 38nf. No.:

Takao Sugawara

10/002,861

11/15/2001

4780

Filed:

For:

INFORMATION RECORDING AND

REPRODUCING APPARATUS, SIGNAL DECODING CIRCUIT, AND INFORMATION RECORDING

MEDIUM AND METHOD

Art Unit:

2627

Examiner:

Rodriguez, Glenda P.

I hereby certify that this paper is being deposited with the United States Postal Service as FIRST-CLASS mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA-22313-1450, on this date.

Attorney for Applicant(s)

## ISSUE FEE AND PUBLICATION FEE TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## Enclosed herewith please find:

- 1. Form PTOL-85 (in duplicate) with check for \$1,700.00 for the issue fee and publication fee.
- 2. If a publication fee is due and is not enclosed, or is enclosed in an improper amount, the Commissioner is authorized to charge the publication fee (or any deficiency in such fee) to Deposit Account No. 07-2069.
- 3. The Commissioner is authorized by the undersigned to charge any additional fees which may be required to this application under 37 C.F.R. §§ 1.16-1,17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper amount be enclosed, herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate of this page is enclosed herewith.

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

By

G. Burns

Registration No. 29,367

300 South Wacker Drive, Suite 2500 Chicago, Illinois 60606 (312) 360-0080 Customer No. 24978